THE SCHOOL DISTRICT OF UNIVERSITY CITY
Transform the Life of Every Student Every Day!

Tuition Reimbursement Request/Authorization

To be eligible for reimbursement, approval must be obtained prior to course registration.

Name:		**School Year:**	17/18
Location:	Select Location	**Staff Type:**	Select Position Type

COURSE INFORMATION

University Name:					
Course Title	**Course #**	**Start Date MM/DD/YY**	**End Date MM/DD/YY**	**Credit Hours**	**Course Cost (Tuition Only)**
			Totals:		

I understand and agree that by applying for and accepting tuition reimbursement from the School District of University City in accordance with Article 4530 of the Articles of Agreement Pertaining to the Teaching Staff and Other Professional Staff, I will be required to repay an amount, up to and including the full amount of tuition reimbursement received, in the event that I separate from my employment with the District within one or two years of receiving this reimbursement. Specifically, if I separate from my employment within one year of receiving the reimbursement, I understand and agree that I must repay to the District 100% of the reimbursement received. If I separate from my employment within two years of receiving this reimbursement, I understand and agree that I must repay to the District 50% of the reimbursement received. Thus, I hereby authorize the School District of University City to deduct the full amount of the repayment owed at the time of my separation from employment from my final paycheck(s).

Staff Signature: _____ **Date:** _____

Assistant Superintendent of Human Resources: _____ **Date:** _____

☐	Approved	Additional Information:
☐	Approved with modification	
☐	Not Approved	

Processing Tuition Reimbursement		
☐	Transcripts, Date:	Additional Information:
☐	Receipt(s), Date:	